

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER TRY AMENDMENT		AFTER EXD AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
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11						
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14						
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17						
18						
19						
20						
21	1					
22		1				
23		1				
24		1				
25		1				
26		1				
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	5					
TOTAL CLAIMS	6					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						